

## Organic Livestock Plan Application

Please fill out this form if you are requesting organic certification of livestock. A separate Organic Farm/Crop Certification Application must also be filled out. Use additional sheets if necessary

SECTION 1: General Information					
Name		Farm		Type of Farm/Crops	
Address			City	<b>For Office Use Only</b>	
				Received	
State	Zip code		Date		
Phone		Fax		Entered	Initials
		E-mail		Certification Number	Inspection
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership <input type="checkbox"/> Other-specify				Fee/Check Number	Other
List previous organic certification by other agencies			List current organic certification by other agencies		
List all conditions from last year's certification and state how the conditions have been addressed:					
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, describe the circumstances:		
Do you have a copy of current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no Do you understand the current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no					
Do you have any off-farm or on-farm processing done? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, you need to fill out an Organic Processing/Handling Plan and submit it with your Organic Farm Plan Questionnaire.					
Give directions to your farm for the inspector.					

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## SECTION 2: Organic Livestock Operation Profile

List animals requested for organic certification (O), in transition (T) and conventional (C):

LIVESTOCK TYPE	NO. FEMALES			NO. MALES			NO. CASTRATED MALES			NO. YOUNG STOCK		
	O	T	C	O	T	C	O	T	C	O	T	C
Beef												
Hogs												
Buffalo												
Sheep												
Goats												
Deer												
Horse												
Dairy												
Other types												

List type and number of poultry requested for organic certification (O), in transition (T) and conventional (C) per year:

POULTRY TYPE	NO. HENS			NO. ROOSTERS/TOMS			NO. CAPONS		
	O	T	C	O	T	C	O	T	C
Chickens: Layers									
Chickens: Broilers									
Turkeys									
Ducks									
Geese									
Other types									

## SECTION 3: Source of Animals

*NOP standards require that all organic slaughter stock be sourced from certified sources unless breeding stock was purchased prior to the last third of the gestation period. Dairy stock must comply with §205.236(a)(2)*

Do you raise all slaughter animals on farm? ☐ yes ☐ no ☐ not applicable

Do you raise dairy replacement animals on farm? ☐ yes ☐ no ☐ not applicable

Do you purchase any livestock? ☐ yes ☐ no

If yes, give specific information on purchased livestock:

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TYPE OF LIVESTOCK PURCHASED	IDENTIFICATION NO./ NAME	DATE OF PURCHASE	PROJECTED OR REAL BIRTHING DATE	PURCHASE SOURCE	CERTIFIED BY WHAT AGENCY?

*NOP requires poultry or edible poultry products must be from poultry that have been under continuous organic management beginning no later than the second day of life.*

Do you raise your own chicks/replacement egg layers on-farm? ☐ yes ☐ no

Do you purchase your chicks/replacement egg layers? ☐ yes ☐ no

If yes, give specific information on purchased poultry:

TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECTED SLAUGHTER/ EGG PRODUCTION DATE	SOURCE, ADDRESS PHONE NUMBER

1 OR 2 DAY OLD CHICKS:

☐ Not applicable

Describe your management plan for raising chicks (heating, space allowed, etc.)

#### SECTION 4: Livestock Feed and Feed Supplements

*NOP Rule requires a total feed ration composed of agricultural products, including pasture and forage, that are organically produced and, if applicable, organically handled: Except, That, nonsynthetic substances and synthetic substances allowed under § 205.603 may be used as feed additives and supplements*

A. FEED: Feed ration table: Slaughter /dairy

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Females	
Males	
Castrated males	
Young stock	
Other	

Do you raise any feed on your farm? ☐ yes ☐ no *If yes, please complete Organic Farm/Crop Certification Application.*

Describe purchased feed:

☐ No purchased feed

TYPE OF PURCHASED FEED	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?

Do you pasture any livestock? ☐ yes ☐ no

*If yes, include a map of pastures/paddocks and ID No. and complete the attached Pasture History Sheet.*

If yes, what months are livestock pastured?

Do you process feed (mix, grind, roast, extrude, etc.) on-farm? ☐ yes ☐ no

If yes, is the equipment also used to process conventional products? ☐ yes ☐ no

If yes, how is equipment cleaned prior to processing organic feed to prevent contamination?

What is your plan for emergency feed supplies?

*NOP Rule requires a total feed ration composed of agricultural products, including pasture and forage, that are organically produced and, if applicable, organically handled: Except, That, nonsynthetic substances and synthetic substances allowed under § 205.603 may be used as feed additives and supplements*

A. FEED: Feed ration table: Poultry

	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER
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	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: CRACKED CORN, 40% (O)]
Chicks	
Pullets	
Hens	
Roosters/Toms	
Capons	
Broilers	
Other	

Do you raise any feed on your farm? ☐ yes ☐ no *If yes, please complete Organic Farm Plan Questionnaire.*

Describe purchased feed:

☐ No purchased feed

TYPE OF PURCHASED FEED	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?

Do you process any feed (mix, grind, roast, extrude, etc.) on-farm? ☐ yes ☐ no

If yes, is the equipment also used to process conventional products? ☐ yes ☐ no

If yes, how is equipment cleaned prior to processing organic feed to prevent contamination?

What is your plan for emergency feed supplies?

**B. FEED SUPPLEMENTS AND ADDITIVES:**

☐ No supplements used

List all feed supplements and additives, including silage inoculants, preservatives, etc.:

FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC INGREDIENTS YES (Y) OR NO (N)	GEO?* YES (Y) OR NO (N)	REASON FOR USE


*\*NOP standards require that no genetically engineered products (GEO's) be used in organic production systems. Any supplements/additives that contain conventionally grown corn, soybeans, cotton products, etc., have the potential to be from genetically engineered sources unless the label specifically states such product is free of GEOs.*

#### C. FEED STORAGE:

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C), BUFFER (B)

How do you control rodents in organic feed storage areas?

☐ No rodent problems

### SECTION 5: Water

*Water used for organic livestock must be potable and readily accessible. Water tests for coliform bacteria, nitrates and/or known contaminants may be required.*

What are your sources of water for livestock use?

☐ on-site well ☐ municipal ☐ river/creek/pond ☐ spring ☐ other

What is the date of your last water test for coliform bacteria and nitrates? \_\_\_\_\_ (Attach copy)

If you use additives in the water, list them and state reason for use:

☐ No additives used

Describe any water contamination problems in your region:

☐ No contamination problems

If livestock have access to a river, creek, or pond, how do you prevent bank erosion? \_\_\_\_\_ ☐ No access

### SECTION 6: Housing

*NOP Rule requires that the producer of an organic livestock operation must establish and maintain livestock living conditions which accommodate the health and natural behavior of animals*

What type of housing do you use?

Describe sizes (length x width) and number of animals per housing unit:

Describe type(s) of bedding:

How often is housing cleaned out?

How is housing cleaned?

Describe sanitation or cleaning products used:

What source(s) of light is used in animal housing?

Is day length regulated using artificial light? ☐ yes ☐ no

What outdoor areas other than pasture do animals use?

How long are animals indoors (hours per day)? \_\_\_\_\_ spring \_\_\_\_\_ summer \_\_\_\_\_ fall \_\_\_\_\_ winter

## SECTION 7: Health Management

*NOP Rule requires producer must establish and maintain preventive livestock health care practices. When preventive practices and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications: Provided. That, such medications are allowed under § 205.603.*

### A. General Information:

Identify the general components of your animal health management program:

- ☐ selective breeding ☐ raise own replacement stock ☐ isolation for purchased/diseased animals ☐ culling
- ☐ vaccinations ☐ good sanitation ☐ access to outdoors ☐ dry bedding ☐ good ventilation in housing
- ☐ good quality feed ☐ pasture rotation ☐ nutritional supplements ☐ probiotics
- ☐ other:

A. List health or disease problems in the last 12 months, including vaccinations given or planned:

☐ No problems

HEALTH PROBLEM/ DISEASE	ANIMAL ID	PREVENTION AND MANAGEMENT PRACTICES	PRODUCT(S) USED	APPROVED (A) RESTRICTED (R) PROHIBITED (P)


If you use any hormones, list and state reason for use:

☐ Not used

If you use antibiotics, list in table above.

☐ Not used

If you use parasiticides, list in table above.

☐ Not used

If you use vaccinations, list in table above.

☐ Not used

Name and phone number of your veterinarian:

B. FLY CONTROL:

☐ Not a problem

If flies are a problem in your operation, what do you do to prevent or control them?

C. PARASITE CONTROL:

☐ Not a problem

If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them?

D. PREDATOR CONTROL:

☐ No Changes

Check which predators you have problems with: ☐ hawks ☐ feral cats ☐ raccoons/skunks, etc.

☐ dogs ☐ foxes ☐ coyotes ☐ other

Describe how you handle predator problems in this table:

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED(R) PROHIBITED (P)

If you use poison baits, list products in the table above.

☐ None used

E. SURGICAL PRACTICES:

*NOP requires the performance of physical alterations as needed be to promote the animal's welfare and be done in a manner that minimizes pain and stress*

Describe surgical practices you use:

☐ Not used

SURGICAL PRACTICE	WHY USED?
Castration	



Dehorning	
Tail docking	
Other:	

## SECTION 8: Manure Management

*NOP requires that manure must be managed so that it does not contribute to contamination of crops, soil, and water.*

What forms of manure do you use: ☐ liquid ☐ semi-solid/piled ☐ fully composted

If manure from your livestock is used on your fields, describe how it is used: ☐ Not used

Acres/hectares of land available for manure application:

List ingredients/additives (example: bedding, barn lime, inoculants, preservatives)

During what months do you apply manure/compost?

Describe your composting method(s): ☐ Composting not used

Estimated quantity of manure generated per year: \_\_\_\_\_ tons

## SECTION 9: Milk Handling

What type of milk handling system do you use: ☐ We are not a dairy operation

☐ pipeline ☐ automated ☐ step saver ☐ hand milking ☐ parlor ☐ tie stalls ☐ stanchions ☐ other

How are you licensed? ☐ Grade A ☐ Grade B ☐ other

Describe cleaning cycle for milking equipment (water temperature, number of rinses, etc.):

Name of detergent used:

Name of acid cleaner used:

Name of sanitizer used:

Report somatic cell counts for last six tests:

DATE	SSC	DATE	SSC	DATE	SSC

List products used to clean animals: ☐ None used

Teat dips

Udder washes

How often do you change inflations?

How many animals do you currently milk?

Report production for the last six milkings:

DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED

## SECTION 10: Handling for Slaughter

*NOP standards require that humane methods of handling be used for loading, unloading, holding and slaughter. Slaughter facilities must be certified.*

If you slaughter your livestock, describe slaughter and meat processing procedures:

☐ Not applicable

Name, address, and phone number of facility where your animals are slaughtered:

Contact person

Is the facility certified organic? ☐ yes ☐ no By what agency?

How are animals loaded?

Do you use electric prods? ☐ yes ☐ no

What form of transportation is used?

How long does transportation take?

Are animals provided with food in transit? ☐ yes ☐ no Water? ☐ yes ☐ no

Where are animals kept after delivery to slaughter facility but before slaughter?

How many hours from loading until time of slaughter?

Are organic animals kept separate from non-organic animals? ☐ yes ☐ no

Describe the method of slaughter:

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### SECTION 11: Egg Handling and Packing

*Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained.*

Name, address, and phone number of facility where eggs are washed, graded and packed: ☐ on-farm

Contact person

Is the facility certified organic? ☐ yes ☐ no By what agency?

Do you or the facility have an egg handler's license? ☐ yes ☐ no

### SECTION 12: Animal Identification

*NOP standards require individual animal ID for slaughter & dairy & flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.*

Describe your identification system:

If individual animals are treated with prohibited materials, how are they identified and/or segregated?

If the poultry entire flock is treated with prohibited materials, what changes do you make to insure that this flock is not sold as organic?

### SECTION 13: Record keeping

#### NOP Rule 205.103

*NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. All records must be accessible to the inspector.*

*NOP standards require documentation of purchased animals and/or breeding records; purchased feed and feed supplements; health records; and sales/shipping records. Other records include water tests and label information from purchased feed/feed supplements. Please have your records available for review by the inspector.*

Check types of records you keep:

- ☐ documentation of purchased animals ☐ breeding ☐ purchased feed/feed supplements ☐ feed labels
- ☐ health ☐ somatic cell/plate count ☐ milk production ☐ sales ☐ feed storage ☐ shipping/transportation
- ☐ slaughter ☐ other

### SECTION 14: Marketing

**TYPE OF MARKETING:**

- ☐ farmers market   ☐ direct to retail   ☐ CSA/subscription service   ☐ on-farm retail   ☐ wholesale
- ☐ wholesale to processor   ☐ contract to buyer   ☐ other

Do you use the seal of the certification agency on organic product labels?   ☐ yes   ☐ no  
(Attach examples of all organic product labels.)

**SECTION 15: Livestock pasture/outdoor history**

*NOP rule §205.239(a)(1)&(2) requires that animals have access to the outdoors, shade, shelter, exercise areas, fresh air, and direct sunlight suitable to the species, its stage of production, the climate, and the environment and that ruminants have access to pasture.*

PASTURE #	ACRES	TYPE & NUMBER. OF ANIMALS

**SECTION 16: Affirmation**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed pasture areas for the last three years, nor to any animals I plan to sell as organic. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this application in no way implies granting of certification by the certifying agent. I agree to follow the organic standards as required in 7 CFR 205 and KAR 40:010.

I understand that I may withdraw this application in writing at any time. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal. I understand that voluntary withdrawal prior to the issuance of a notice of noncompliance or certification denial that I will not be issued a notice of noncompliance or certification denial.

**NOTICE OF CONFIDENTIALITY:** This information, including any attachments, is intended only for the use of the Kentucky Organic Certification Program, certifying agents, The Kentucky Organic Advisory Board, and required reporting information as required for the Agricultural Marketing Service (AMS) Administrator, National Organic Program. This application may contain information, individual or entity that is of a confidential nature, which is legally privileged and exempt from disclosure under applicable law. Certain information which is considered public information may be printed or transferred for marketing and promotional use unless otherwise specified by the signatory. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this information is strictly prohibited.

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Signature of Operator   ☒ \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.

Submit completed form and supporting documents to:

Kentucky Department of Agriculture  
Certified Organic Program  
100 Fair Oaks Lane, 5<sup>th</sup> Floor  
Frankfort, KY 40601

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